The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME VI AUTUMN, 1947 NUMBER 3

For The Record

The following is a copy of a letter sent to hospitals in our county doing maternity work. This was brought to the attention of the Hippocrat by a hospital administrator and other administrators outside Hampden County were disturbed by the possible added expense and beaureaucratic trend in state supervision. Apparently agitation has been enlightening. Eternal vigilance is the price of liberty.

Ed.

The Blank Hospital
Gentlemen:

We are preparing a resume of the opinions of the hospitals of Hampden County, as to who will be affected by the pending rulings of the Commissioner of Health of Massachusetts. You have all had a copy of his proposed additional rules and regulations which, if passed by the Attorney General's Office, will have all the force of law although this proposed amendment has never been passed by the legislature.

Two hospitals having to do with maternity cases have brought this to our attention and we have before us a summary of changes which will be expensive, needless and the violations of which will bring penalties to these hospitals and will in the long run be in no way beneficial to the patients even though they may appear to be scientific.

We hope that within a week of receiving this letter you will revaluate these proposed rules which have been sent to you and write us any criticisms or hardships which they will entail. Failing to hear from you within a week will be interpreted by us as your having no criticisms of these rulings, feeling that they are not unjust.

The result of this investigation will appear in the next issue of the Hampden Hippocrat and will be available to the legislators who report for us at the State House. If there appears to be a unanimity of opinion of the hospitals of this district, an effort will be made to have these opinions directed towards the Department of Health so that undue hardships will be avoided. It is apparent to us that only a constant watchfulness on the part of us who practice medicine in the field can keep rules and regulations from being made by those who do not practice medicine and know little about the problems involved in hospital maintenance. We trust that you will give this matter your immediate and earnest attention.

Yours very truly,

October 1, 1947

Dr. W. A. R. Chapin
121 Chestnut Street
Springfield, Massachusetts
Dear Dr. Chapin:

I have just seen a copy of a letter which you apparently had sent out to all hospitals in Hampden County. I hasten to correct what is obviously a misinterpretation on your part of the proposed regulations which were sent

(Continued on Page 2)

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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EDITORIAL

The growing concern for the increased costs of medical care, which began to occupy the minds of thoughtful people two decades ago, has now become a serious issue for millions of citizens. The wranglings over socialized medicine in Congress, the rapid growth of medical pre-payment plans, legislative measures for increased coverage of workmen, are all reflections of public interest in the problem. There is little doubt in the minds of doctors who saw service in various parts of the world during the war that American medicine is incomparably better than that to be found elsewhere. There is little doubt in anyone's mind that it is also very expensive.

Fifty years ago, when kitchen table surgery was a commonpleace, the surgeon packed his instruments into a pair of suitcases and off he went to his operation. The public, however, and the profession both demanded something better, and they got it. It would take a pair of moving vans to transport the equipment that might be used for the pre-operative, the operative, and the post-operative care of the same patient today. At one time the susgeon had one assistant and possibly a nurse to aid him. Now he may have a biochemist, an elctro-physicist, an immunologist, and any one of several other technologists or technicians as well as a physician anesthetist and a pathologist and several other medically trained assistants of one sort or another. We may as well face the fact that medicine is no longer a blissful marriage of science and art—it is an industry and like any complex industry requiring delicate equipment which may become obsolete overnight and large numbers of highly trained personnel it is expensive business.

All of these points are obvious and are generally known, and yet in any discussion of the increased costs of medical care the fact is seldom stressed that there has been very little change in professional fees. The higher costs are due to the expenses of hospitalization, laboratory studies, x-ray charges, physiotherapy, expensive medications and many other important details. The amount that the patient pays his doctor has changed very little.

Prepayment plans for medical and surgical care in many instances, find that Doctors pledge to charge fees in the prescribed income brackets, which fees are 550 per cent less than those charged 50 years ago.

Address Correspondence to:
Dr. W. A. R. Chapin
121 Chestnut Street, Springfield, Mass.
Telephone 2-7213

FOR THE RECORD

(Continued from Page 1)

out, under my signature, the latter part of May, 1947.

This draft of proposed regulations for maternity and nursery units was in no way intended to be construed as

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definite regulations, but rather were sent to hospital administrators, obstetricians, pediatricians, and others with the view to stimulating constructive criticisms. Since this draft was sent out, we have received comments from administrators of hospitals, obstetricians, pediatricians, and others which are extremely beneficial and which will be given due consideration at a meeting subsequently to be held. I regret that some institutions got the impression that these regulations were to become immediately effective. Such was not the case. The Department has drawn freely from regulations advocated by the Children's Bureau and the United States Public Health Service as well as, to some extent, from its own experience.

You are no doubt familiar with the series of appalling epidemics of infectious diarrhea of the newborn which have occurred in the Commonwealth during the past twelve months, and which have resulted in the deaths of upwards of sixty infants. It was largely on account of this that this proposed draft was sent out prior to a series of institutes which were held in the State on the subject of infectious diarrhea of the newborn. The tremendous response in attendance at these meetings indicated that serious thought had been given to this subject by many hospitals.

Miss Alice C. MacKinnon, R. N., who is attached to the Bureau of Hospital Licensing, happens to be in Springfield this week. I am asking Miss MacKinnon to make an appointment with you in an effort to clarify the situation and to acquaint you with the fact that the Department feels that it is necessary to take some action in an effort to control such epidemics as mentioned above.

May I call your attention to the fact that in Chapter 111 of the General Laws as amended by Chapter 661 of the Acts of 1941, under section 72 the Department is given the authority to classify and promulgate rules and regulations for the conduct of hospitals and sanatoria. Section 72A reads in part as follows: "The Department shall appoint an advisory committee on hospitals or sanatoria, to consist of representatives of the medical profession, hospital administrators and hospital trustees, who shall serve at the pleasure of the department; two of such positions shall at all times be filled by persons appointed upon recommendation of the Massachusetts Hospital Association." It is the earnest desire of this Department to protect the lives of infants and any others in hospitals, as well as in the Commonwealth in general.

I sincerely trust that after your interview with Miss MacKinnon you will have reached a different viewpoint. You may be sure that the Department of Public Health is open at all times to reasonable criticism and suggestion. We would be pleased to hear from you at your convenience.

Very truly yours,
Vlado A. Getting, M. D.
Commissioner

While the immediate above details the agenda under discussion as only to stimulate public criticism the following reply from a small hospital to the Hippocrat's inquiry reveals that hospital's reaction to this set of proposals only.

Ed.

September 29, 1947

Dr. W. A. R. Chapin
121 Chestnut St.
Springfield, Massachusetts.

Dear Sir:

In reply to your letter of September

COMPLIMEMTS
Ernest A. Byron
SPRINGFIELD

W. E. MARTIN
Prescription Pharmacy
876 Hampden Street **Holyoke**

24, 1947, the Blank Hospital has made some of the necessary changes recommended by the Commission of Health of Massachusetts.

We are now waiting to see what his further suggestions will be on his tour of the Hospital.

Yours very truly,

Supt.

Ex Officio:*

Dr. Vlado A. Getting, Chairman, Commissior, Massachusetts Department of Public Health, 546 State House, Boston 33.

Mr. Hall Nichols, Secretary, Massachusetts Emergency Public Works Commission, 20 Somerset Street, Boston.

Dr. Clifton T. Perkins, Commissioner, Massachusetts Department of Mental Health, 100 Nashua Street, Boston.

Mr. Patrick Tompkins, Commissioner, Massachusetts Department of Public Welfare, State House, Boston.

Members:

Mr. Frederick Ayer, Walnut Street, Hamilton, Trustee Beverly Hospital.

Dr. Elmer S. Bagnall, 281 Main Street, Groveland, General Practitioner.

Miss Amy E. Birge, R. N., Superintendent, Cooley-Dickinson Hospital, Northampton, Connecticut Valley District.

Miss Margaret Boyle, R. N., Director, Public Health Nursing, Health Department, Worcester, Public Health Nurse.

Dr. John Conlin, 121 Park Drive, Boston, Veteran.

Dr. Rogert L. De Normandie, Weston Road, Lincoln, Obstetrician.

Colonel Eben S. Draper, 19 Congress Street, Boston, Trustee, Milford Hospital.

Dr. Nathaniel W. Faxon, Medical Director, Massachusetts General Hospital, Boston, Hospital Administrator.

Dr. Alfred L. Frechette, Director of Public Health, Brookline, Health Officer.

Dr. John B. Hall, 108 Dudley Street, Boston, General Practitioner.

Mr. Kenneth J. Kelley, Secretary-Treasurer-Legislative Agent, Massachusetts State Federation of Labor, 11 Beacon Street, Boston, Labor.

Reverend Donald A. McGowan, Diocesan Director of Hospitals, 75 Union Park Street, Boston, Catholic Hospitals.

Dr. Leo J. Marcotte, Superintendent, House of Mercy Hospital, Pittsfield, Berkshire District.

Dr. Maurice E. Peters, D.M.D., 60 Charlesgate West, Boston 15, Dentist.

Dr. Walter G. Phippen, 31 Chestnut Street, Salem, Surgeon.

Mr. Charles A. Sawyer, President, Sawyer Construction Co., 31 St. James Avenue, Boston, Architect & Construction Engineer.

Mr. Henry R. Shepley, Coolidge, Shepley, Bulfinch & Abbott, Ames Building, Boston 8, Architect.

Mrs. H. T. Spaulding, 8 Palfrey Street, Watertown, Laywoman.

Mr. F. Frank Vorenberg, President, Gilchrist Company, Boston, Management.

Mr. Louis Webster, Milk Street, Blackstone, Agriculture.

Mr. Scott Whitcher, Superintendent, St. Luke's Hospital, New Bedford, Southeastern District.

*Applies only to State Advisory Council.

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COMPLIMENTS

Curran-Jones

WEST SPRINGFIELD

Correspondence

Sept. 13, 1947.

Dear Dr. Chapin:

Many thanks for sending me the summer number of the Hampden Hippocrat which I read with much interest. I congratulate you and the Hampden District Society on putting out such a fine bulletin. It is a model for other Districts.

Yours sincerely,

Joseph H. Pratt

October 6, 1947

Dr. W. A. R. Chapin,
121 Chestnut Street,
Springfield, Mass.

Dear Dr. Chapin:

I attended the most recent meeting of the Council of Massachusetts Medical Society and was delighted with the manner in which the President conducted it. As I watched and listened to him I thought of his depth of character and breadth of medical interests. Such reflections led my mind to recall his labors for *The Hampden Hippocrat.*

I am sorry that I could find no complete file of this interesting sheet either in the Boston Medical Library or in the library of the Harvard Medical School. There were scattered numbers, however, beginning with an early number of Volume I and ending with the latest number of Volume VI; six years of hard work in conceiving and developing a useful medical periodical.

The Hippocrat has meant a great deal to me. In the days of Procurement and Assignment I always obtained from it important information about the doctors of Hampden District —who they were and what they were doing. While I had the honor of serving as President-Elect and President of the Massachusetts Medical Society I found its contents equally informative. The meetings of the Council and the news of the Society were reported clearly and fairly; better still, a graphic picture was drawn through letters, anecdotes and editorials, and even from occasional verse, of the thoughts of a respectable proportion of the Fellows.

I believe that a publication of this type, so well edited and composed, performs a useful function. If an outsider can enjoy reading it as I do, I am sure that the physicians for whose benefit it is actually prepared must hold it in even higher esteem.

As it comes to the close of its sixth year, I salute *The Hippocrat.* May it have continued success and a long life.

Yours truly,

Reginald Fitz, M.D.,
Suffolk District.

October 10, 1947

Dr. W. A. R. Chapin
121 Chestnut Street
Springfield, Mass.

Dear Dr. Chapin:

On Wednesday, November 12, 1947, the Division of Hospital Survey and Construction of the State Department of Public Health is planning a public meeting to present the State Plan for administering Public Law 725—The Hospital Survey and Construction Act. This meeting will be held in the Gardner Auditorium, State House, Boston, at 2:00 p. m. Hospital administrators, local health department officials and all other interested persons will be invited to attend.

Would you kindly put a notice of this in your publication. The subjects and speakers are as follows:

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Explanation of Public Law 725—Hospital Survey and Construction Act—Vlado A. Getting, M. D., Commissioner of Massachusetts Department of Public Health.

A Plan for the Administration of Public Law 725 in Massachusetts—by the following staff members of the Division of Hospital Survey and Construction:

A. Daniel Rubenstein, M. D.,
Director
Claire F. Ryder, M. D.,
Epidemiologist
Mr. Arthur V. Harrington,
Senior Engineer
Mr. William W. Wood,
Survey Administrator

Very truly yours,
Vlado A. Getting,
G/Id Commissioner.

Blue Cross

The recent Blue Cross hearings before the Committee on Insurance of the General Court, which is sitting as a recess committee for the purpose of recodifying the insurance laws, reveals some interesting implications.

The Blue Cross Enabling Act (176-A) states that all rates of payment to hospitals shall be approved by the Commissioner of Public Welfare prior to payment. Although this language is ambiguous, it could be interpreted to mean that the Commissioner of Public Welfare could approve or disapprove a given rate provided he could adequately justify his decision. Actually the Department of Welfare is not equipped to make the kind of an examination of a hospital that would be required if the law were so construed. Consequently its action has been limited to approval of the type of contract in effect between Blue Cross and its participating hospitals.

Among the first witnesses to appear before the Commmittee was an employee of the Department of Health, Dr. Fabersacker, who explained at some length the workings of the recently adopted governmental formula for establishing reimbursable costs for hospitals.

Blue Cross now covers about half of the people in the Commonwealth. If the payments it makes to its participating hospitals for the care of all these people are to be approved or disapproved by a State Agency, which means in effect that the State Agency will set the amounts of such payments, a serious question arises as to whether our voluntary hospitals should accept such an arrangement.

Most of the testimony of the Commissioner of Insurance centered around his alleged inability to supervise the activities of Blue Cross as he supervises the activities of commercial insurance carriers. Consequently his suggestion was that Blue Cross be brought under the State insurance laws.

However, an examination of the Blue Cross Enabling Act reveals that the Commissioner already has many powers:

1. He must consent to the establishment of a Blue Cross Corporation.
2. He must approve or disapprove subscription rates.
3. He may prescribe the form and content of the annual Blue Cross report.
4. He may visit the Blue Cross office and examine its affairs, papers, and officers at any time.
5. He may dissolve or liquidate Blue Cross in accordance with Chapter 175 of the State insurance laws.

Surgical Supply Company
22 Railroad Street Holyoke

COMPLIMENTS
T. P. Sampson
Springfield

Blue Cross is a voluntary, non-profit association of hospitals which has as its primary objective the establishment of a mechanism whereby people can prepay hospital bills. That up to the present it has been successful in accomplishing its objective cannot be denied. That it has made mistakes in the past and that it will make more mistakes before its pattern is crystallized is only natural. Social movements with implications as profound as those of Blue Cross do not mature in a matter of ten or twelve years. Born during a depression, Blue Cross grew rapidly during a period of prosperity. Now it is experiencing its first taste of inflation. Like every other business it has its problems. That they can be better solved through enhancement of the powers of the State is highly questionable.

Preferred Dividends

Members of the Hampden District who attended the recent Post Graduate Assembly at Boston's Copley Plaza know what a superior intellectual feast was spread before them. The papers covered a wide range of subjects and without exception were practical and authoritative. It would be invidious to praise any one speaker without acclaiming all. In addition, these men thoroughly enjoyed their assignments and the reception accorded their efforts.

The attendance was double that of the prewar record in Memorial Hall at Cambridge. But the roster should have numbered many more practitioners from Western Massachusetts. Next year's meeting has been set for the first week in November in the same place, so set aside Wednesday, Thursday and Friday now to avoid conflicting engagements. Show your appreciation for the hard work of the various committees by attending, and thereby become eligible for such preferred returns on your investment.

The Nervous Doctor

Continued from Last Issue

and friends of the family, and, of course, the old family doctor. Like his habits of play and recreation, and like his preferences for food or friends, the youth who *chooses* medicine, is exercising a conditioned response to earlier emotional influences.

These influences may be and are frequently different in each case, but they are none the less pertinent as driving forces in the motivation that is required to carry the ambitious student through his degree. The importance of these mentors, however, is that however remote or brief their contact may have been with us, their influence remains, indelibly recorded deeply within us, coloring our preferences and our prejudices, our loves and hates.

The little girl who was praised for her tender nursing of her dolls and pets, and the little boy who was patted on the head by the family physician, (or the pretty nurse in the hospital) may not remember the incident years later, but the unconscious influence remains. Like the lingering illness or death of a loved one it helps to set the pace for the terrific urge that drives the medic through the never-ending obstacles in his career.

The significance for us as physicians is that we are not different from other people in our resentment against the idols or ideals which have become our masters. We, too, object to the pace which they have set for us, and resist the con-

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ditioning by which we have had to compel ourselves to erect and maintain the high standards of perfection in our work. Like all normal people, we tend to cut corners and jump the traffic signals, and rely on our caduceus to excuse and rationalize for us. The doctor who knowingly disregards the very precautions he prescribes for his patients is deliberately courting disaster—and one doesn't have to be a psychoanalyst to figure that one out. As a student, I knew a surgeon who ignored not only the oozing abscess in his axilla while scrubbing, but even refused to let the officiating nurse put on a dressing. Not until the superintendent of the hospital threatened to have him put off the staff did he permit a dressing, and consent to rescrubbing. (P.S. The Superintendent was a woman.)

Since the principals of these incidents have long since gone to their rewards, and since counterparts may be found in the careers of practically all of us, we need feel no hesitation is discussing them.

Dr. X. was scheduled to do a laparotomy on a ward case at ten. His anaesthetist was tied up with a previous case. Operating supervisor informed him there would be a ten minute delay in the operating room because of the preceding case (emergency amputation, possibly gas). The rest of his crew, like the anxious family of the patient were standing by. Dr. "X" stormed out of the hospital declaring he was "sick and tired" (he should have stopped there) "of being tossed around by incompetent O.R. nurses." The patient was operated on a few days later.

A beautiful damsel entered a free clinic complaining of a rash on her hands. A zealous medical student quizzed her (perhaps tactlessly) on her extracurricular activities. Dr. "Y", the interne scolded him for his indiscretion, took over the case, and had him transferred. The Wasserman came back "four plus".

Dr. "Z" 's psychoanalytical skill had reached such proficiency that his patient didn't get the benefit of neurological studies for his headaches until many months after his first visit to Dr. "Z".

Continued in Next Issue